

ROTORUA GP CME 2011 REGISTRATION FORM

Rotorua Energy Events Centre | 09-12 June 2011 | www.gpcme.co.nz

PERSONAL DETAILS

Title: Miss / Mrs / Ms / Mr / RN / Dr / Prof / Assoc Prof

First Name: _____ Surname: _____

Company / Clinic Name: _____

Clinic location: City/Town _____

Preferred Contact Address: Street _____

Suburb _____ Country _____

City/Town _____ Post Code _____

Email: _____

☐ Yes, I would like to receive email updates regarding products and special offers from attending industry exhibitors

Phone Bus: _____

Fax: _____

Mobile: _____

Special requests: (ie dietary requests, disabilities, etc) _____

Additional Attendees: Title, First Name, Last Name _____

CANCELLATION POLICY: Cancellations can only be received in writing, and incur a loss of 50% of registration fees within 21 days of the conference commencing. Later cancellations forfeit registration fees paid. Any other refunds are at the discretion of the organisers.

PRIVACY: The contact information supplied on the registration form will be distributed to the attending industry sponsors. Please tick this box if you do not wish to be included on this list. ☐

REGISTRATION FEES (GST Inclusive - NZD)

Delegate NZMA Members (All Days) \$695 \$ _____

Delegate Non-Member (All Days) \$845 \$ _____

DVD of Conference (Fri-Sun - Main Sessions) ... \$ 75 \$ _____

GPEP1 Registrar (All Days) \$250 \$ _____

GPEP2 Registrar (All Days) \$375 \$ _____

Student (All Days) \$125 \$ _____

Exhibition Attendees \$375 \$ _____

Practice Manager All ☐ or Friday only ☐ \$175 \$ _____

Practice Nurse All ☐ or Saturday only ☐ \$125 \$ _____

Spouse (non medical) \$125 \$ _____

Or Daily Registration

Friday \$400 ☐ Saturday \$400 ☐ Sunday \$250 ☐ \$ _____

Late Registration Fee if booked after Friday 27 May \$ 50.00

Optional Registration

ACC Breakfast Session No. \$ No Fee

MAS & MPS Welcome Cocktails No. \$ No Fee

MSD Symposium No. \$ No Fee

Eli Lilly Breakfast Session No. \$ No Fee

Medical Assurance Society Golf Classic No. @ \$65 \$ _____

Conference Dinner No. @ \$95 \$ _____

GlaxoSmithKline Breakfast Session No. \$ No Fee

TOTAL REGISTRATION FEE (TOTAL A) \$ _____

PRE-CONFERENCE WORKSHOPS - Thursday 09 June

NZMA Member Thursday \$350 \$ _____

Non Member Thursday \$450 \$ _____

Surgical Skills Course Supplementary Fee \$250 \$ _____

Nurse Thursday \$120 \$ _____

Level 7 NZRC Course (Includes Manual) \$450 \$ _____

TOTAL PRE-CONFERENCE WORKSHOP FEE (TOTAL B) \$ _____

Please indicate your preferred workshop option number for each time slot.

☐ 8:30am ☐ 11:00am ☐ 2:00pm ☐ 4:30pm

EMERGENCY RESUSCITATION FOR GPs (Level 5)

I wish to attend the following course (Limit 12 people) @ \$185 per person

☒ Fri AM ☐ Fri PM ☐ Sat AM ☐ Sat PM ☐ Sun AM

EMERGENCY RESUSCITATION FEE (TOTAL C) \$ _____

CONCURRENT WORKSHOP OPTIONS

Please indicate your preferred workshop option number for each time slot. Please note numbers are restricted with spaces allocated when registration received. Tickets required for entry.

Fri ☐ 2:00pm ☐ 4:00pm Sat ☐ 8:30am ☐ 9:30am

Sat ☐ 11:00am ☐ 12:00pm ☐ 2:00pm ☐ 3:00pm ☐ 4:30pm

Sun ☐ 8:30am ☐ 9:25am

ACCOMMODATION AVAILABLE

Arrival Date _____ June Departure Date _____ June

Special Requirements/ Comments _____

Millennium Hotel Rotorua (5 mins walk)

Premium Room _____ nights x _____ \$165 \$ **FULL**

Premium Lake View Room _____ nights x _____ \$185 \$ _____

Deluxe Club Room - 5th Floor _____ nights x _____ \$215 \$ _____

Sudima Hotel Rotorua (5 mins walk)

Standard Room (1-2 people) _____ nights x _____ \$130 \$ _____

Novotel Hotel Rotorua (15 mins walk)

Superior Room (1-2 people) _____ nights x _____ \$140 \$ **FULL**

Lake View Room (1-2 people) _____ nights x _____ \$170 \$ _____

TOTAL ACCOMMODATION FEE (TOTAL D) \$ _____

A+B+C+D = TOTAL ENCLOSED (GST Inc) \$ _____

PAYMENT DETAILS GST Tax Invoice Number 95-598-579

I authorise Conference Matters to charge my Visa/Mastercard/AMEX/Diners as detailed below, with the amount of \$ _____

Card Number:

Card expiry date ____/____/____ Date ____/____/____

Print Cardholder's Name _____

Cardholder's Signature _____

☐ Cheque: \$ _____ (NZD) payable to: Conference Matters.

☐ Direct Credit 12-3099-0826112-000 Ref: Surname ROTGPCME

Return this form to Conference Matters, Fax +64 (0)9 437 4089 or post to PO Box 1661, Whangarei, New Zealand
All Enquiries to Leon +64 (0)21 164 3815 or leon@conferencematters.co.nz